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| B1 (Official | Form 1)(1/ | 08) | | | | oamon | | 190 ± 0 | | | | |
|---|-------------------------------|--------------------------------|---|---|------------------------------------|--|---|--|--------------------------|---|--|------------------------------|
| | | | United No | | | ruptcy of Illino | | , | | | Vo | luntary Petition |
| | ebtor (if ind Edward T. | | er Last, First | , Middle): | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): Koch, Barbara L. | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | (incl | ide married, | used by the amaiden, and | trade names | s): | • | | |
| Last four di (if more than | one, state all) | Sec. or Indi | ividual-Taxp | ayer I.D. (| (ITIN) No./ | Complete E | (if mo | four digits one than one, s | state all) | r Individual- | Taxpayer l | I.D. (ITIN) No./Complete EIN |
| | rittany Dri | , | Street, City, | and State) |): | ZIP Code | 90 Ca | t Address of 18 Milford ary, IL | f Joint Debtor Street | r (No. and St | reet, City, | and State): ZIP Code |
| County of F Mchenr | | of the Prin | cipal Place o | f Busines | s: | 60050 | | ty of Reside | ence or of the | Principal Pl | ace of Bus | 60013 iness: |
| Mailing Ad | dress of Deb | otor (if diffe | erent from str | eet addres | ss): | | Mail | ng Address | of Joint Debt | tor (if differe | ent from str | reet address): |
| | | | | | Γ | ZIP Code | : | | | | | ZIP Code |
| | Principal A from street | | siness Debto ove): | r | • | | | | | | | |
| Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | | ☐ Sing in 1 ☐ Rail ☐ Stool ☐ Con ☐ Clea | (Checl lth Care Bu gle Asset Ro 1 U.S.C. § Iroad ckbroker nmodity Br aring Bank er Tax-Exe (Check bo) otor is a tax- | eal Estate as 101 (51B) | s defined | define | the later 7 ter 9 ter 11 ter 12 | Petition is F | hapter 15 f a Foreign hapter 15 f a Foreign e of Debts k one box) | Petition for Recognition Main Proceeding Petition for Recognition Nonmain Proceeding | |
| ■ Full Fili | ing Fee attac | _ | ee (Check o | | le (the Inter | nal Revenu | Chec | k one box: Debtor is | a small busin | Chapter 11 | Debtors s defined i | n 11 U.S.C. § 101(51D). |
| ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | | Chec | k if: Debtor's to insider k all applica A plan is Acceptan | aggregate not s or affiliates; able boxes: being filed wees of the pla | ncontingent land are less that | liquidated n \$2,190,0 | debts (excluding debts owed 00. ition from one or more S.C. § 1126(b). | | |
| ☐ Debtor 6 | estimates tha | at funds will at, after any | ation I be available exempt proper for distribut | erty is ex | cluded and | administrat | | es paid, | | THIS | S SPACE IS | FOR COURT USE ONLY |
| Estimated N | Number of C 50- 99 | reditors 100- 199 | 200- 999 | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | □ 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | |
| Estimated A \$0 to \$50,000 | Assets \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,00 to \$500 million | 1 \$500,000,001 to \$1 billion | | | | |
| Estimated L \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,00 to \$500 million | 1 \$500,000,001 to \$1 billion | | | | |

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B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Koch, Edward T. (This page must be completed and filed in every case) Koch, Barbara L. All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X <u>/s/ Adam Diamond</u> October 20, 2009 Signature of Attorney for Debtor(s) (Date) Adam Diamond 6282747 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Page 3 of 27 Document B1 (Official Form 1)(1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Edward T. Koch

Signature of Debtor Edward T. Koch

X /s/ Barbara L. Koch

Signature of Joint Debtor Barbara L. Koch

Telephone Number (If not represented by attorney)

October 20, 2009

Date

Signature of Attorney*

X /s/ Adam Diamond

Signature of Attorney for Debtor(s)

Adam Diamond 6282747

Printed Name of Attorney for Debtor(s)

Diamond & LeSueur P.C.

Firm Name

3431 W. Elm St McHenry, IL 60050

Address

Email: adam@dlfirm.com

815-385-6840 Fax: 815-385-6875

Telephone Number

October 20, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Koch, Edward T. Koch, Barbara L.

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D(Official Form 1, Exhibit D) (12/08)

United States Bankruptcy Court Northern District of Illinois

| In re | Edward T. Koch Barbara L. Koch | | Case No. | |
|-------|-----------------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |
| | | | • | |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont. |
|---|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable |
| statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.); |
| ☐ Active military duty in a military combat zone. |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct. |
| Signature of Debtor: /s/ Edward T. Koch Edward T. Koch |
| Date: October 20, 2009 |

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Edward T. Koch, | | Case No. | |
|-------|-----------------|---------|----------|---|
| | Barbara L. Koch | | | |
| | | Debtors | Chapter | 7 |
| | | | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 214,000.00 | | |
| B - Personal Property | Yes | 3 | 64,934.40 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 239,421.91 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 6 | | 55,470.48 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 5,550.20 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 3 | | | 5,134.84 |
| Total Number of Sheets of ALL Schedu | ıles | 19 | | | |
| | To | otal Assets | 278,934.40 | | |
| | | | Total Liabilities | 294,892.39 | |

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Edward T. Koch, | | Case No | | |
|-------|-----------------|---------|-----------|---|---|
| | Barbara L. Koch | | | | |
| _ | | Debtors | , Chapter | 7 | _ |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 16) | 5,550.20 |
|--|----------|
| Average Expenses (from Schedule J, Line 18) | 5,134.84 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 6,525.98 |

State the following:

| | | - |
|--|------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 21,221.91 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 55,470.48 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 76,692.39 |

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B6A (Official Form 6A) (12/07)

| In re | Edward T. Koch, | Case No. |
|-------|-----------------|----------|
| | Barbara L. Koch | |

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Home located at 5409 Brittany Drive, McHenry, IL | Mortgage | J | 214,000.00 | 232,421.91 |
|--|--|---|--|----------------------------|
| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |

Sub-Total > 214,000.00 (Total of this page)

214,000.00 Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Edward T. Koch, | Case No. |
|-------|-----------------|----------|
| | Barbara L. Koch | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O N Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|--|--|---|---|
| 1. | Cash on hand | Cash | Н | 200.00 |
| 2. | Checking, savings or other financial | Amcore Bank, Checking Account | н | 500.00 |
| | accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit | Corporate America Family Credit Union, Checking and Savings | Н | 300.00 |
| | unions, brokerage houses, or cooperatives. | Harris Bank, Checking Account | w | 20.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | |
| 4. | Household goods and furnishings, including audio, video, and | Furnishings (Furniture, Television, electroinics, lamps, etc.) | W | 300.00 |
| | computer equipment. | Furnishings (Furniture, television, bedding, etc.) | н | 700.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | Decorative Pictures, DVD movies | J | 100.00 |
| 6. | Wearing apparel. | Wife's clothing | w | 200.00 |
| | | Husband's Wearing Apparel | J | 200.00 |
| 7. | Furs and jewelry. | x | | |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | Life Insurace (\$94,000 value on death)Spouse and Child are primary and secondary beneficiariesNo cash value | ı w | 0.00 |
| 10. | Annuities. Itemize and name each issuer. | X | | |
| | | | Sub-Tot | al > 2,520.00 |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Edward T. Koch, |
|-------|-----------------|
| | Barbara L. Koch |

| Case No. |
|----------|
|----------|

Debtors

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | | (Continuation Sheet) | | |
|-----|---|------------------|---|---|--|
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing | | Retirement Savings Account (401k) with Fidelity nvestments (Centegra Health System) | W | 6,657.74 |
| | plans. Give particulars. | C | Covidien Retirement Savings Plan (401k) | н | 50,261.66 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | (To | Sub-Totatal of this page) | al > 56,919.40 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Edward T. Koch, |
|-------|-----------------|
| | Barbara L. Koch |

| Case No. |
|----------|
|----------|

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | Х | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and | 200 | 4 Chevrolet Cavalier with Wife | J | 4,200.00 |
| | other vehicles and accessories. | 199 | 6 Pointiac Grand Am | н | 1,295.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | Gold | den Retriever | J | Unknown |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

Sub-Total > (Total of this page)

5,495.00

Total >

64,934.40

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

| In re | Edward T. Koch, | Case No. |
|-------|-----------------|----------|
| | Barbara L. Koch | |

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box) | \$136,875. |
| ☐ 11 U.S.C. §522(b)(2) | |
| ■ 11 U.S.C. §522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------------|---|
| <u>Cash on Hand</u> Cash | 735 ILCS 5/12-1001(b) | 200.00 | 200.00 |
| Checking, Savings, or Other Financial Accounts, C | | | |
| Amcore Bank, Checking Account | 735 ILCS 5/12-1001(b) | 500.00 | 500.00 |
| Corporate America Family Credit Union, Checking and Savings | 735 ILCS 5/12-1001(b) | 300.00 | 300.00 |
| Harris Bank, Checking Account | 735 ILCS 5/12-1001(b) | 20.00 | 20.00 |
| <u>Household Goods and Furnishings</u> Furnishings (Furniture, Television, electroinics, lamps, etc.) | 735 ILCS 5/12-1001(b) | 300.00 | 300.00 |
| Furnishings (Furniture, television, bedding, etc.) | 735 ILCS 5/12-1001(b) | 700.00 | 700.00 |
| Books, Pictures and Other Art Objects; Collectible Decorative Pictures, DVD movies | <u>s</u> 735 ILCS 5/12-1001(b) | 100.00 | 100.00 |
| Wearing Apparel Wife's clothing | 735 ILCS 5/12-1001(a) | 200.00 | 200.00 |
| Husband's Wearing Apparel | 735 ILCS 5/12-1001(a) | 200.00 | 200.00 |
| Interests in Insurance Policies Life Insurace (\$94,000 value on death)Spouse and Child are primary and secondary beneficiariesNo cash value | 215 ILCS 5/238 | 0.00 | 0.00 |
| Interests in IRA, ERISA, Keogh, or Other Pension of Retirement Savings Account (401k) with Fidelity Investments (Centegra Health System) | or Profit Sharing Plans 735 ILCS 5/12-704 | 6,657.74 | 6,657.74 |
| Covidien Retirement Savings Plan (401k) | 735 ILCS 5/12-704 | 50,261.66 | 50,261.66 |
| Automobiles, Trucks, Trailers, and Other Vehicles 1996 Pointiac Grand Am | 735 ILCS 5/12-1001(c) | 1,295.00 | 1,295.00 |

| Total: | 60.734.40 | 60.734.40 |
|--------|-----------|-----------|
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Edward T. Koch, | | |
|-------|-----------------|--|--|
| | Barbara L. Koch | | |

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | LGI | UNLLQULDAT | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|---|---------|--|----------|-------------|----------|--|---------------------------------|
| Account No. xxx3973 | | | Purchase Money Security | T | T E D | | | |
| Wells Fargo Auto P. O. Box 29704 Phoenix, AZ 85038-9704 | | J | 2004 Chevrolet Cavalier with Wife | | D | | | |
| | | | Value \$ 4,200.00 | 1 | | | 7,000.00 | 2,800.00 |
| Account No. xxxxxx7601 | | | Mortgage | \sqcap | | \dashv | | |
| Wells Fargo Home Mortgage PO Box 5296 Carol Stream, IL 60197-5296 | | J | Home located at 5409 Brittany Drive, McHenry, IL | | | | | |
| | | | Value \$ 214,000.00 | 1 | | | 232,421.91 | 18,421.91 |
| Account No. | | | Value \$ | _ | | | | |
| Account No. | | | | | | | | |
| | | | Value \$ | - | | | | |
| continuation sheets attached Subtotal (Total of this page) | | | | | | | 239,421.91 | 21,221.91 |
| | Total 239,421.91 21,221.91 (Report on Summary of Schedules) | | | | | | | |

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B6E (Official Form 6E) (12/07)

| • | | | |
|-------|-----------------|----------|--|
| In re | Edward T. Koch, | Case No. | |
| | Barbara L. Koch | | |
| _ | | Debtors | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |
| |

^{*} Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Edward T. Koch, | | Case No. | |
|-------|-----------------|---------|----------|--|
| | Barbara L. Koch | | | |
| _ | | Debtors | , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, | C O D E B T | Hu H W | | | C O N T I N G | UNLIO | D I S P U T E D | |
|--|-------------|--------------|---------------------------------|----------|------------------|-------------|-----------------|-----------------|
| AND ACCOUNT NUMBER (See instructions above.) | T O R | 1 | IS SUBJECT TO SETOFF, SO STATE. | 1 | N G E N | ULDAT | T E D | AMOUNT OF CLAIM |
| Account No. xxx2721 | | | | | T [| T E D | | |
| Amcore Bank Comfort Line | | J | | F | | | \exists | |
| 1021 N. Mulford Road P. O. Box 1537 | | | | | | | | |
| Rockford, IL 61110 | | | | | | | | |
| | | | | | | | | 2,500.00 |
| Account No. xxxxxx1860 | | T | Medical | | | 7 | 7 | |
| Barrington Cardiology SC | | | | | | | | |
| 912 W. Northwest Highway 100 | | W | | | | | | |
| Fox River Grove, IL 60021 | | | | | | | | |
| | | | | | | | | 11.69 |
| Account No. xxxx-xxxx-y172 | | | Credit | | 1 | 1 | 1 | |
| BP Chase Card | | | | | | | | |
| PO Box 15298 | | Н | | | | | | |
| Wilmington, DE 19850 | | | | | | | | |
| | | | | | | | | 1,305.19 |
| Account No. xxxx-xxxx-5822 | | + | Credit Card | | + | + | \dashv | 1,000.10 |
| Thecount 110. AAAA AAAA AAAA OOLL | | | orean said | | | | | |
| Capital One Bank, N.A. | | ļ., | | | | | | |
| P. O. Box 6492 Carol Stream, IL 60197-6492 | | W | | | | | | |
| Caron Gardani, IL 00137-0432 | | | | | | | | |
| | | | | | | | | 9,520.89 |
| | | | | Su | bto | tal | 7 | 13,337.77 |
| continuation sheets attached | | | (Tota | l of thi | s p | age |) | 13,337.77 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Edward T. Koch, | Case No |
|-------|-----------------|---------|
| _ | Barbara L. Koch | , |

| | _ | | | | | | |
|--|---------------|-------------|----------------------------------|-------------|--------------|--------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | J M H | IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxx-xxxx-xxxx-4862 | | | Credit Card | T | E | | |
| Capital One Bank, N.A. P. O. Box 6492 Carol Stream, IL 60197-6492 | | н | | | D | | 431.28 |
| Account No. xxxx xxxx xxxx 4567 | | | Credit Card | | | | |
| Capitol One Mastercard PO BOX 85520 Richmond, VA 23285 | | J | | | | | |
| | | | | | | | 1,188.00 |
| Account No. Bxxxxxx0100 | | | Medical | | | | |
| Centegra Hospital McHenry P. O. Box 1447 Woodstock, IL 60098-1447 | | w | | | | | |
| | | | | | | | 100.00 |
| Account No. Bxxxxxx0078 | | | Medical | | | | |
| Centegra Hospital McHenry P. O. Box 1447 Woodstock, IL 60098-1447 | | w | | | | | |
| | | | | | | | 10.80 |
| Account No. xxxx-xxxx-xxxx-7891 Chase Cardmember Service PO Box 15153 Wilmington, DE 19886-5153 | | w | Credit Card | | | | 070 50 |
| | | | | | | | 676.53 |
| Sheet no. <u>1</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Subi his | | | 2,406.61 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Edward T. Koch, | Case No |
|-------|-----------------|---------|
| _ | Barbara L. Koch | , |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U | D | 7 | |
|---|----------|-------------|---|------------|------|----------------|----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C J H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | | D I S P UT E D | | AMOUNT OF CLAIM |
| Account No. xxx-xx1-612 | | | Credit Card | ' | Ė | | | |
| Citgo P. O. Box 689095 Des Moines, IA 50368-2484 | | w | | | | | | 3,540.86 |
| Account No. xxxx xxxx xxxx 3999 | | | Credit Card | Т | Г | Г | T | |
| Citi PremierPass Card Box 6000 The Lakes, NV 89163-6000 | | Н | | | | | | 8,772.56 |
| Account No. xxxx-xxxx-2095 | t | | Credit | + | + | $^{+}$ | + | |
| Credit One Bank P. O. Box 98873 Las Vegas, NV 89193 | | н | | | | | | 1,099.36 |
| Account No. xxxx-xxxx-xxxx-2186 | | | Credit Card | T | T | T | Ť | |
| Exxon Mobil Processing Center Des Moines, IA 50361-0001 | | w | | | | | | 1,229.53 |
| Account No. xxxx-xxxx-2895 | | | Credit Card | T | T | T | † | |
| GM Flexible Earnings Card HSBC Card Services PO Box 37281 Baltimore, MD 21297-3281 | | н | | | | | | 1,811.41 |
| Sheet no. 2 of 5 sheets attached to Schedule of | | | , | Sub | tota | al | Ť | 40.450.70 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | this | pas | ge) | ١١ | 16,453.72 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Edward T. Koch, | Case No |
|-------|-----------------|---------|
| _ | Barbara L. Koch | |

| CREDITORIS NAME | С | Hu | sband, Wife, Joint, or Community | C | U | D | |
|---|----------|-------------|---|-----------|--------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | LQU | ISPUTED | AMOUNT OF CLAIN |
| Account No. xxxx-xxxx-5066 | | | Credit Card | Т | E D | | |
| Household Bank Platinum HSBC Card Services PO Box 88000 Baltimore, MD 21288-0001 | | н | | | | | 3,076.09 |
| Account No. xxxx xxxx xxxx 2895 | t | | Credit Card | \dagger | t | \vdash | |
| HSBC Mastercard PO Box 5253 Carol Stream, IL 60197 | | J | | | | | 1,900.00 |
| Account No. xxx-xxx-x58-11 | t | | Credit Card | + | | \vdash | |
| JCPenney P. O. Box 96090 Orlando, FL 32896-0090 | | w | | | | | 1,849.02 |
| Account No. xxx-xxx-x06-81 | ╁ | | Credit Card | + | + | ╁ | , |
| JCPenney P. O. Box 96090 Orlando, FL 32896-0090 | | н | | | | | 803.67 |
| Account No. xxxxxxx7152 | ╁ | \vdash | | + | + | - | 333.01 |
| Kohl's Payment Center PO Box 2983 Milwaukee, WI 53201-2983 | | w | | | | | 778.00 |
| Sheet no. _3 of _5 sheets attached to Schedule of | | <u> </u> | | Sub | tot | a1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total c | | | | 8,406.78 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Edward T. Koch, | Case No. |
|-------|-----------------|----------|
| _ | Barbara L. Koch | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | S | U | P | |
|---|----------|-------------|---|-----------|------------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLIQUIDA | SPUTED | AMOUNT OF CLAIM |
| Account No. QMRIG-xx8410 | | | Medical | Т | A T E D | | |
| McHenry Radiologists & Imaging P. O. Box 220 Mchenry, IL 60050 | | w | | | D | | 48.21 |
| Account No. 4499 | t | | Medical Bill | t | | \vdash | |
| MHS Physician Services PO BOX 5081 Janesville, WI 53547-5081 | | w | | | | | |
| | | | | | | | 90.00 |
| Account No. MNIxxxxxxx1000 | | | Medical Bills | | | | |
| Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759 | | w | | | | | 1,019.00 |
| | _ | | | | | | 1,019.00 |
| Account No. xx7605 Open Advanced MRI & CT 1834 Walden Office Square Suite 125 Schaumburg, IL 60173 | | w | | | | | 2,420.00 |
| Account No. xxxx xxxx xxxx 4514 | | | Credit Card | | | | |
| Sears Card PO Box 6283 Sioux Falls, SD 57117-6283 | | Н | | | | | 458.33 |
| Sheet no. <u>4</u> of <u>5</u> sheets attached to Schedule of | | | | Subt | | | 4,035.54 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | e) | 7,000.04 |

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

| In re | Edward T. Koch, | Case No. | |
|-------|-----------------|----------|--|
| | Barbara L. Koch | | |

| | | | | | _ | | |
|--|----------|-------------|---|----------------|-------------|-----------------|-----------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | CO | U | P | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | ľb | D I S P U T E D | |
| Account No. xxxx-xxxx-xxxx-0687 | | | Credit Card | Ī | A T E | | |
| Target National Bank P. O. Box 59317 Minneapolis, MN 55459-0317 | | w | | | E D | | 2,265.12 |
| Account No. xxxxxx7002 | t | | Credit Card | † | T | t | |
| Target National Bank P. O. Box 59317 Minneapolis, MN 55459-0317 | | н | | | | | 477.79 |
| | ╀ | | | ╄ | ┡ | _ | 477.73 |
| Account No. xxxxxxxxxxx1925 Walmart P. O. Box 530927 Atlanta, GA 30353-0927 | | w | Credit Card | | | | |
| | | | | | | | 615.32 |
| Account No. xxx-xxxxxxxxxx9001 | 1 | | Auto Loan | | | | |
| Wells Fargo Auto Finance P. O. Box 29704 Phoenix, AZ 85038-9704 | | J | | | | | |
| | ┸ | | | 퇶 | lacksquare | L | 7,115.73 |
| Account No. xxxx0971 Wells Fargo Financial 5615 Northwest Highway Crystal Lake, IL 60014-8056 | | w | Loan | | | | 250.40 |
| | | | | \perp | L | | 356.10 |
| Sheet no. <u>5</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Subt his j | | | 10,830.06 |
| | | | (D.) (C.) | | Γota | | 55,470.48 |
| | | | (Report on Summary of So | nec | JUIE | :s) | 1 |

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B6G (Official Form 6G) (12/07)

| In re | Edward T. Koch, | Case No. |
|-------|-----------------|----------|
| | Barbara L. Koch | |

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 09-74604 Doc 1 Filed 10/20/09 Entered 10/20/09 17:59:29 Desc Main Document Page 22 of 27

B6H (Official Form 6H) (12/07)

| In re | Edward T. Koch, | Case No. |
|-------|-----------------|----------|
| | Barbara I Koch | |

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

A/R Concepts, Inc. 33 W. Higgins Road, Suite 715 Barrington, IL 60010

Alliance One 4850 Street Road, Suite 300 Feasterville Trevose, PA 19053

Amcore Bank Comfort Line 1021 N. Mulford Road P. O. Box 1537 Rockford, IL 61110

Barrington Cardiology SC 912 W. Northwest Highway 100 Fox River Grove, IL 60021

BP Chase Card PO Box 15298 Wilmington, DE 19850

Capital One Bank, N.A. P. O. Box 6492 Carol Stream, IL 60197-6492

Capital One Bank, N.A. P. O. Box 6492 Carol Stream, IL 60197-6492

Capitol One Mastercard PO BOX 85520 Richmond, VA 23285

Capitol One Visa PO BOX 85520 Richmond, VA 23285

Centegra Hospital McHenry P. O. Box 1447 Woodstock, IL 60098-1447

Centegra Hospital McHenry P. O. Box 1447 Woodstock, IL 60098-1447

Central Credit Services, Inc. P.O. Box 15118
Jacksonville, FL 32239-5118

Chase Cardmember Service PO Box 15153 Wilmington, DE 19886-5153

Citgo P. O. Box 689095 Des Moines, IA 50368-2484

Citi PremierPass Card Box 6000 The Lakes, NV 89163-6000

Credit One Bank
P. O. Box 98873
Las Vegas, NV 89193

Exxon Mobil Processing Center Des Moines, IA 50361-0001

GC Services Limited Partnership PO Box 2667 Houston, TX 77252-2667

Global Credit Collection Corp. PO Box 101928, Dept. 2417 Birmingham, AL 35210

GM Flexible Earnings Card HSBC Card Services PO Box 37281 Baltimore, MD 21297-3281

Harris & Harris, LTD. 222 Merchandise Mart Plaza Suite 1900 Chicago, IL 60654 Household Bank Platinum HSBC Card Services PO Box 88000 Baltimore, MD 21288-0001

HSBC Mastercard PO Box 5253 Carol Stream, IL 60197

JCPenney
P. O. Box 96090
Orlando, FL 32896-0090

JCPenney
P. O. Box 96090
Orlando, FL 32896-0090

Kohl's Payment Center PO Box 2983 Milwaukee, WI 53201-2983

Kohls N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051

McHenry Radiologists & Imaging P. O. Box 220 Mchenry, IL 60050

MHS Physician Services PO BOX 5081 Janesville, WI 53547-5081

Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759

National Enterprise Systems 29125 Solon Road Solon, OH 44139-3442

OMS PO Box 1991 Southgate, MI 48195 Open Advanced MRI & CT 1834 Walden Office Square Suite 125 Schaumburg, IL 60173

Open Advanced MRI & CT 1460 Renaissance Drive Park Ridge, IL 60068

Sears Card PO Box 6283 Sioux Falls, SD 57117-6283

Sears Card PO Box 6189 Sioux Falls, SD 57117-6283

Target National Bank
P. O. Box 59317
Minneapolis, MN 55459-0317

Target National Bank
P. O. Box 59317
Minneapolis, MN 55459-0317

Target National Bank P. O. Box 673 Minneapolis, MN 55440

Walmart P. O. Box 530927 Atlanta, GA 30353-0927

Wells Fargo Auto
P. O. Box 29704
Phoenix, AZ 85038-9704

Wells Fargo Auto Finance P. O. Box 29704 Phoenix, AZ 85038-9704

Wells Fargo Financial 5615 Northwest Highway Crystal Lake, IL 60014-8056 Wells Fargo Home Mortgage PO Box 5296 Carol Stream, IL 60197-5296